

THE YELLOW DOT PROGRAM

My Personal Information

Name: _____ Date of Birth _____

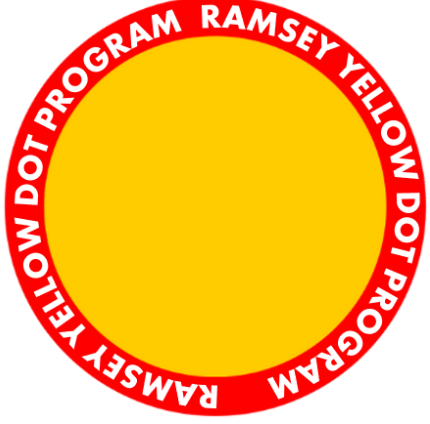
Address _____ City/State/Zip _____

Home Ph. _____ Cell Ph. _____

Name _____ Date Completed _____

INSTRUCTIONS:

1. To help emergency responders provide prompt care in the event of an accident, complete both sides of this brochure and place it in your vehicle's glove compartment. One card should be completed for each person who regularly occupies the vehicle
2. Stick the **Yellow Dot** sticker on your vehicle's rear bumper or rear windshield to alert responders to look in the glove compartment for your emergency medical information
3. You should review the card annually and update the information as necessary



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RAMSEY

1. My Name _____

2. THE FOLLOWING PEOPLE SHOULD BE CONTACTED IN THE EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY

Contact Name _____ Contact Name _____
Address _____ Address _____
City/ST/Zip _____ City/ST/Zip _____
Home Ph. _____ Home Ph. _____
Cell Ph. _____ Cell Ph. _____
Work Ph. _____ Work Ph. _____

3. MY PHYSICIANS ARE:

1. Dr. _____ Type _____ Office Ph. _____
2. Dr. _____ Type _____ Office Ph. _____
3. Dr. _____ Type _____ Office Ph. _____

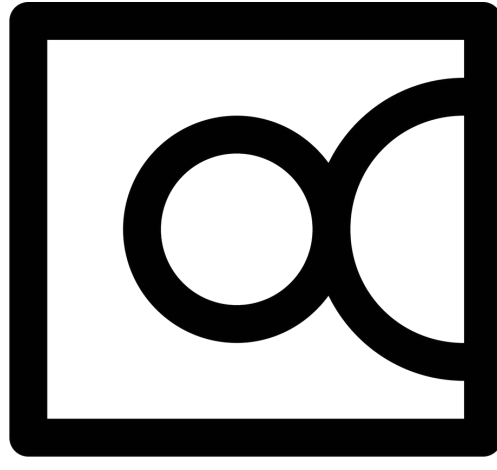
4. MY PREFERRED HOSPITAL: _____ **MY BLOOD TYPE:** _____

**5. MY MEDICAL CONDITIONS/RECENT SURGERIES/OTHER
INFORMAITON WHICH MIGHT BE HELPFUL TO AN EMERGENCY
RESPONDER:** _____

6. MY MEDICATIONS:

NAME	DOSE
NAME	DOSE
NAME	DOSE
NAME	DOSE
NAME	DOSE

7. MY ALLERGIES: _____



**ATTACH PHOTO OF
YOURSELF HERE**